

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

Period covered: January 1, 2009 - Dec 31, 2009

FORM B

For use by candidates and new employees

FEB 04 2010

LEGISLATIVE RESOURCE CENTER

2010 FEB 18 AM 11:52

Name: Mariannette Miller-Meeks

Daytime Telephone: 641-683-7551

Filer
Status☒ Candidate for the
House of Representatives

State: IA

District: 02

Date of
Election: Nov 2, 2010Check if
Amendment☐ New officer or
employee

Employing Office:

(Office Use Only)

A \$200 penalty shall be assessed
against anybody who files more
than 30 days late.

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.Yes ☒No ☐IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?
If yes, complete and attach Schedule IV.Yes ☐No ☒II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule II.Yes ☒No ☐V. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule V.Yes ☐No ☒III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule III.Yes ☐No ☒VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?
If yes, complete and attach Schedule VI.Yes ☐No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)

Yes ☐No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.

Yes ☐No ☒

Name <u>Mariannette Miller-Meeks</u>	Page <u>1</u> of <u>3</u>
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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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SCHEDULE II—ASSETS AND “UNEARNED” INCOME

Name Mariannette S Miller-Meeks

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[illegible]

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

Name _____

Page ____ of ____

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B \$10,001— \$15,000	C \$15,001— \$50,000	D \$50,001— \$100,000	E \$100,001— \$250,000	F \$250,001— \$500,000	G \$500,001— \$1,000,000	H \$1,000,001— \$5,000,000	I \$5,000,001— \$25,000,000	J \$25,000,001— \$50,000,000	K Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X							

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization

Use additional sheets if more space is required.

SCHEDULE V—AGREEMENTS

Name _____

Page ____ of ____

Identify the date of your last payment from a former employer.

Parties To

Terms of Agreement

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for each of clients and customers of any corporation, firm, partnership, or other entity, if such compensation is a fee or payment of more than \$5,000, for any service rendered or to be rendered, or for any recognized business relationship.

COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule I.**

Source (Name and Address)	
Example: Doe Jones & Smith, Hometown, Homestate	

Source (Name and Address)

Source (Name and Address)	
Example:	Doe Jones & Smith, Hometown, Homestate

Accounting services

Brief Description of Duties